

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/01883** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
8	1		1			
9	0		1			
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			2			
TOTAL CLAIMS			3			

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
TOTAL IND.			1		
TOTAL DEP.			2		
TOTAL CLAIMS			3		